CHECKLISTS FOR TIME-CRITICAL EQUIPMENT FAILURE DURING PATIENT TRANSPORT

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Measurement of improvement The non-medical professionals need training to be able to manage the required tasks autonomously, before the mapping process can be repeated.

Effects of changes We anticipate that training of the non-medical workforce to perform more advanced clinical tasks will result in more efficient patient care, with better provision of training and education for those existing trainees.

Lessons learnt A post-task debrief identified a degree of anxiety that the process was being used as a performance assessment tool. This suggests discordance between participants’ performance and their declarative knowledge of the task. Another challenge was “mapping fatigue” that became particularly evident as the project progressed. Social acceptability determinants of self reporting affects the validity of data and to ensure the integrity of the data, data collection by independent observers may be a more effective method.

Message for others Diversifying the workforce is inevitable for paediatric departments in the future. The multi professional task analysis we undertook is a pathfinder for other organisations who will need to undergo similar change. While multi professional workforce use is well developed in other areas, there has to be recognition of the time required for non-medical professionals to develop the breadth of knowledge and skills required to function autonomously at middle grade level in general paediatrics. Targeted training would speed up the development process.

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IMPROVING EFFICIENCY AND QUALITY OF CARE IN THE PAEDIATRIC ASSESSMENT UNIT

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Measurement of improvement Satisfaction with the use of checklists is high, based on responses to the question “Do you find equipment failure checklists useful?” (1 – not at all useful to 5 – very useful). We will formally audit the time taken to diagnose equipment faults with and without checklists during simulator sessions for bank transport staff, and also plan to use these sessions to refine the checklists.

Effects of changes Our survey suggests staff feel more confident in dealing with time-critical equipment failure since checklists were introduced.

Lessons learnt The process of development of checklists highlighted variation in practice amongst staff and reinforced the need for an efficient systematic approach to be adopted. The format of “Challenge-verification-response” checklists has been tried and tested in the aviation field during time critical emergencies and we believe is transferable to a medical setting.

Message for others Although equipment failure is more critical during transport (where spares are not readily available), checklists may provide a systematic approach to other emergency situations, and could therefore be applicable in neonatal units and paediatric intensive care. However, the information contained in them must be rigorously checked and tested prior to use. In addition, the temptation to provide too much information or to provide too many checklists should be avoided, as this will dilute their effectiveness.